

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004369

**Entity Name:** GOOD HOPE EQUESTRIAN TRAINING CENTER, INC.

**Current Principal Place of Business:**

22155 SW 147 AVE  
MIAMI, FL 33170

**Current Mailing Address:**

PO BOX 700016  
MIAMI, FL 33170-0016 US

**FEI Number: 65-0945018**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BASS, MARGARET M  
22155 SW 147TH AVENUE  
MIAMI, FL 33170 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name ELIAS, NANCY  
Address 7685 SW 153RD STREET  
City-State-Zip: MIAMI FL 33157

Title VP  
Name JOYCE, ELIZABETH ESQ.  
Address 5940 GRANADA BLVD.  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name QUILLIAN, WARREN DR.  
Address 6901 CAMARIN STREET  
City-State-Zip: CORAL GABLES FL 33146

Title PRESIDENT  
Name KOENIGSBERG, DEBBY  
Address 8877 SW 137TH STREET  
City-State-Zip: MIAMI FL 33176

Title TREASURER  
Name LAZZERI, JEFF  
Address 18291 SW 206TH STREET  
City-State-Zip: MIAMI FL 33187

Title DIRECTOR  
Name ANDERSON, PORTER PHD  
Address 6901 E EDGEWATER DRIVE,  
SUITE#219  
City-State-Zip: CORAL GABLES FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NANCY ELIAS**

**SECRETARY**

**01/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date